

Application For Credit

Name of firm or individual

Address

City State Zip Code

HEREBY apply for credit in accordance with the terms of:

Muir Graphics
5454 Alger Drive
Sylvania, Ohio 43560
(419) 882-7993 / Fax 885-7613

Telephone

Date Business Started

Bank Reference

Account Number

Person To Contact

Telephone

The following information must be completed in full:

Corporation Partnership individual

Check here if incorporated within the last 12 months

Name(s) of Principal(s) and/or Office(s):

Trade References:

1. _____

Telephone _____

3. _____

Telephone _____

Check here if cash sales are okay until credit is approved

2. _____

Telephone _____

4. _____

Telephone _____

Person To Contact in Accounting/Accounts Payable

Please explain if your payment policy will prohibit you from complying with our credit terms as stated above _____

We certify that all information on this form is correct, and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed _____ Title _____ Date _____

Please do not write in the space below

Reference Checked By

Reference Results

Credit approved

Credit Refused

\$

Amount of Credit

Signed

Date